

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

Jonathan E Parks 799668
(Name of Plaintiff)

3:17-cv-05884-BHS-DWC

vs.

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

Department of Corrections
Clallam Bay Corrections
Center Superintendent Ron
Haynes et al.
(Names of Defendant(s))

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner?:

☒ Yes ☐ No

B. If your answer to A is yes, how many?: One. Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: Jonathan E Parks 799668

Defendants: Department of Corrections Airway Heights
Correctional Complex Property Sgt Adams

2. Court (give name of District): Eastern Washington District Court

3. Docket Number: 13-CV-00364-JPH

4. Name of judge to whom case was assigned: Due to property loss dont have
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):
~~For~~ Dismissed without prejudice
6. Approximate date of filing lawsuit: October 2013
7. Approximate date of disposition: February 2015

II. Place of Present Confinement: Washington State Penitentiary

- A. Is there a prisoner grievance procedure available at this institution? ☒ Yes ☐ No
- B. Have you filed any grievances concerning the *facts* relating to this complaint?
☒ Yes ☐ No

If your answer is NO, explain why not:

The coordinator prevented level III see attached

- C. Is the grievance process completed? ☒ Yes ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

A. Name of Plaintiff: Jonathan E Parks Inmate No.: 799668

Address: Washington State Penitentiary 1313 North 13th Avenue Walla Walla, WA 99362

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant: Ron Haynes Official Position: Superintendent

Place of employment: Clallam Bay Corrections Center

C. Additional defendants Bernard Warner, Jody Becker-Green
John Doe Captain Clallam Bay Corrections, Lt Monger, Lt Bower, Lt Ross
CUS K. McHenry, Lt Riddle, Sgt Summerstead AKA Sgt Banner
C/O John Doe, C/O John Doe Food Manager J God Watson



LOG I.D. NUMBER

17632969

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|-----------|----------|--------|------------|-----------------|-----------|
| Last Name | First | Middle | DOC Number | Facility/Office | Unit/Cell |
| Parks | Jonathan | Eldawn | 1799668 | CBCC | 111UEAD07 |

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

| | | | |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|

COMPLAINT: Currently being served a nutrition violation directly affecting the living conditions of the facility. On 5-19-17 at 10:50AM CBCC staff handed a plastic bag containing only part the conformance of the required meal. There is no way to tell if the bun is sanitary. When a meal is not prepared by the nutritionist it should not be served. This creates a hostile environment and incites poor behavior and doesn't meet standards. Causes dehydration sore throat and upset stomach. Medical injury I need at least 2 more apples and a peanut butter or bag of chips and peanut butter or celery and peanut butter. I don't cause unlawful deprivation that's causing me injury. I just open the bag and killed a spider I have the spider!

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☒ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: 5/30/17
☐ No rewrite received _____.
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

If you have a medical condition that may increase your need for additional food, then have you signed up for sick call so that your condition could be properly evaluated? If yes, when were you seen by medical and what actions were taken?

Coordinator's Name (print)

Coordinator's Signature

Date



2

LOG I.D. NUMBER
17632964

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

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| | | | | | |
|-----------|----------|--------|------------|-----------------|-----------|
| Last Name | First | Middle | DOC Number | Facility/Office | Unit/Cell |
| Parks | Jonathan | Eldawn | 799668 | CBCC | 1MUEA07 |

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

| | | | |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|

COMPLAINT: On May 22 2017 at around 120 I received Dinner mainline and breakfast however the breakfast was bread up packaged and some cereal. The issue at Anway Heights is no reason for violating Eight Amendment cruel and unusual punishment. I just started back eating now I am getting little sleep because of upset stomach, dehydration and now constipation as well. Failing to compensate each meal is deprivation of a life necessity. None of the sack meals meet nutritional standards. The Food Manager should be removed from that position by not attempting to fix the problem, but serve shorter meals. There is a Bakery here if it is too complicated to have the dry ingredantes sent here for offenders to add water to then someone else should do the job. The Food Manager is incompetent and can not solve simple problems guilty of deliberate indiffence giving more peanut butter packs, more apples something to compensate not deprive

SUGGESTED REMEDY:

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office IMU Date Received 5/22/17

- ☒ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

The Facility is aware of the issue and the Food Manager is currently working with other vendors to acquire these products that would normally come from ABCC. Bread related products are currently being supplied from an outside vendor and as such the issue should be resolved.

Coordinator's Name (print)

Coordinator's Signature

Date



LOG I.D. NUMBER

17632964

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|--|--------------------------|------------------------|-----------------------------|-------------------------------|-----------------------------|
| Last Name <i>Parks</i> | First <i>Jonathan</i> | Middle <i>Eldon</i> | DOC Number <i>799668</i> | Facility/Office <i>CBC</i> | Unit/Cell <i>1MUEA07</i> |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: 17632964 This is not resolved I was subjected to unnecessary pain for a long period of time. Clallam Bay response was to just bare with it. Like I said Airway Heights could of just forwarded dry ingredients when the only problem was missing water. Food Services could of given an extra apple or carrots. Being housed in IMU your not able to buy food while on Ad Seg and prehearing confinement. There is no prevention in place so this wont happen again. I have not been compensated for my injury. It's not okay to force someone to eat less this hurts. The fact that Clallam Bay doesnt care about causing pain and suffering is an act of cruel and unusual punishment. Clallam Bay knew of the substantial risk of serious harm and failed to respond reasonably. The policy directives outlined in Food Services, Work ethic, and Offender Staff relations were not followed myself and all offenders should be compensated. Offenders housed in IMU should be able to buy food. Facilities should go back to buying only half products from CI that way they already have outlets.

SUGGESTED REMEDY: The issue is not resolved until long term prevention, compensation for injury and staff accountability actions are taken.

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☒ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.)
Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Accepted, Level 1

Coordinator's Name (print)

Coordinator's Signature

Date



4 B

LOG I.D. NUMBER
17633528

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

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|--|------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| Last Name <u>Tarks Jonathan</u> | First <u>Eldown</u> | Middle <u></u> | DOC Number <u>799668</u> | Facility/Office <u>CBC</u> | Unit/Cell <u>1MUEA07</u> |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | CITY, STATE | | ZIP CODE | TELEPHONE |

COMPLAINT: M. Holthe grievance coordinator lack of procedure and intentional delay of the grievance processing. M. Holthe refuses to return grievance responses confidentially sending complaint responses for all to see what I am grieving. This is not new he does this when he is angry taking a non-bias position seeing only to protect staff and not refer to policy or conduct and procedures. The last 5 responses have been returned with a piece of tape (response on 5/15/17 17632549, 5/17/17; 5/19/17 was not given a log # was an emergency not processed until 5/22/17 17632969). Here he attempts to divert the complaint because it has strong merit by asking questions that don't pertain to the situation but allows him to dictate the direction of the complaint sadistically. Also response 17632969 5/22/17 response 5/25/17 17633302 all come back only with a piece of tape. M. Holthe is exposing me to staff that can instill officer misconduct. He is protecting those that are committing misconduct by committing misconduct himself. There is a need for an ombuds grievance Mandatory program to protect offenders rights.

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.

| | |
|---|---------------------------------|
| Facility/Office <u>JMU</u> | Date Received <u>5/30/17</u> |
| <input type="checkbox"/> The complaint was resolved informally. <input checked="" type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: <u>6/5/17</u> . <input type="checkbox"/> No rewrite received _____. <input type="checkbox"/> Sent to _____ (facility) on _____ (date). | |

EXPLANATION: The issue of how grievance responses are received and the processing of an emergency grievance are separate issues and need to be submitted on separate complaint forms. Also, if responses are received folded and taped, how does that expose you?

| | | |
|--|---|------------------------|
| Coordinator's Name (print) <u>M. Holthe</u> | Coordinator's Signature <u>M. Holthe</u> | Date <u>5/30/17</u> |
|--|---|------------------------|



5

LOG I.D. NUMBER

17633528

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☐ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

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|--|--------------------------|-------------------------|-----------------------------|--------------------------------|------------------------------|
| Last Name <i>Parks</i> | First <i>Jonathan</i> | Middle <i>Eldawn</i> | DOC Number <i>799668</i> | Facility/Office <i>LBCC</i> | Unit/Cell <i>Bunit D8</i> |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: 17633528 This complaint is about M. Hothe the grievance coordinator and was address to the Grievance Program Manager a alternate coordinator should be addressing these issues. M. Hothe has a long history of blocking grievances that pertain to staff. I am stating the different ways M. Hothe prevents the grievance program to go threw the levels. As he is responding with unnecessary questions again in order to prevent the process of his own misconduct. I used the same language when grieving the Law Librarian in 2014 and the complaint went threw all 3 levels. When it concerns staff he prevents reports. He needs to be removed. An omibus program needs to start some one outside the prison system so misconducts can go reported correctly.

SUGGESTED REMEDY:

Mandatory

Signature

Date

6/3/17

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on
- ☒ Administratively Withdrawn *6/5/17*
- ☐ The formal grievance/appeal paperwork is being prepared.
- ☐ Not accepted

Facility/Office

Date Received

*Close**6/5/17*

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.)

Return within 5 working days or by: _____

- ☐ No rewrite received _____
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Withdrawn - Did not follow instructions for rewrite.

Coordinator's Name (print)

Coordinator's Signature

Date

*M. Hothe**M. Hothe**6/5/17*

17632964


LEVEL I - INITIAL GRIEVANCE
NIVEL 1 - QUEJA INICIAL

| | | | | | | |
|------------------|------------------|-------------------------|----------------------|--------------------------|------------------------------|---------------------------|
| Name: NOMBRE: | Last APELLIDO | First PRIMERO NOMBRE | Middle 2DO NOMBRE | DOC Number NUMERO DOC | Facility/Office FACILIDAD | Unit/Cell UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | EA07 |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 5/31/17

Date Due 6/13/17

I WANT TO GRIEVE / QUIERO QUEJARME DE: 17632964 This is not resolved I was subjected to unnecessary pain for a long period of time. Clallam Bay response was to just bare with it. Like I said Airway Heights could of just forwarded dry ingredients when the only problem was missing water. Food Services could of given an extra apple or carrots. Being housed in IMU you're not able to buy food while on AdSeg and prehearing confinement. there is no prevention in place so this won't happen again, I have not been compensated for my injury. It's not okay for someone to eat less this hurts the fact that Clallam Bay doesn't care about causing pain and suffering is an act of cruel and unusual punishment Clallam Bay knew of the substantial risk of serious harm and failed to respond reasonably. The policy directives outlined in Food Services work ethic, and offender staff relations were not followed myself and all offenders should be compensated. Offenders housed in IMU should be able to buy food. Facilities should go back to buying only half products from CI that way they already have outlets. The issue is not resolved until long term prevention, compensation for injury and staff accountability actions are taken.

SUGGESTED REMEDY / REMEDIO SUGERIDO:

s/s M. Holthe, CS2

5/30/17

s/s Jonathan Parks

5/26/17

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

FECHA

PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

In response to your complaint I consulted with G. Watson, Food Manager 1.

Information gathered during the investigation indicates that CBCC Food Services has been tempting to purchase food items from both local and major vendors but unfortunately vendors are unable to meet the supplies needed for the entire Department. It was further noted that food items are being supplemented as supplies allow but at times Food Services simply may not have any resources available to substitute for missing items. In regards to allowing IMU offenders to purchase food items from the commissary, the request would have to be submitted directly to DOC Headquarters (HQ) due to the fact that the facility is not authorized to make such changes. For compensation of injury, the Grievance Program does not provide compensation however you do have the option of submitting a tort claim in order to be considered for compensation.

The investigation concludes that the local CBCC Food Services and the Department are working diligently to resolve this issue as quickly as possible, however because the issue impacts all DOC facilities and because of limited supplies available from outside vendors, there is no simple remedy to the problem. Your understanding and patience in this matter are greatly appreciated. Thank you.

M. Holthe

Grievance Coordinator Signature
COORDINADOR DE QUEJAS

5/31/17

Date
FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received.
Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



LOG I.D. NUMBER

17632969

**APPEAL TO LEVEL II
APELACIÓN AL 2DO NIVEL**

| | | | | | | | |
|---------|----------|----------------|------------|------------|--------------------|--------|--------------|
| Name: | Last | First | Middle | DOC Number | Facility/FACILIDAD | Office | Unit/Cell |
| NOMBRE: | APELLIDO | PRIMERO NOMBRE | 2DO NOMBRE | NUMERO DOC | | | UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | | B-D8 |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 06/19/2017

Date Due 07/11/2017

I WANT TO APPEAL: 17632969 This grievance was appealed on 5/26/17 and again the response was the same as the level 0 response I am appealing to level 2 pursuant to page 22 of the Grievance Program Manual new or additional information regarding the original issue may be given. I only amend my grievance for clarification. Due to not eating and expecting to eat is cruel and unusual punishment. The procedure for receiving a tray that was unhealthy and contained a spider that poses a potential danger. I did not receive a new lunch and that makes this a deprivation an unlawful deprivation. I would like to be compensated for my injury. Its CBCC Food Service responsibility to provide safe and healthy meals regardless of who or where the bags came from or what they are supposed to be used for does not address my issue at all. You made my stomach hurt I could have gotten a bite to much neglect then you did nothing to help me from hurting.

SUGGESTED REMEDY:

s/s M Holthe, CS2

06/12/17

s/s Jonathan Parks

06/8/2017

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

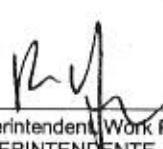
FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL

This complaint was investigated by K. McKenney, Correctional Unit Supervisor (CUS). During the investigation he reviewed initial complaint and interviewed you by phone.

When interviewed you stated that you did not consume the meal that you allege contained a spider. You also stated that you should be compensated for the meal in question. Additional information indicates that meals will be replaced on the date an incident occurs.

The investigation concludes that meal replacements will occur on the same date in which an incident occurs. While finding a spider in your meal is indeed unfortunate there is no evidence to show that the incident caused any long term effects. If you have a medical condition that is causing concern then you encouraged to submit a health service kite to your facility's health care staff or sign up for sick call.


Superintendent, Work Release Supervisor, Field Administrator Signature
SUPERINTENDENTE

Date
FECHA

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.

8

W-40 To CCLC



OFFENDER'S KITE

PAPELETA DE PETICIÓN DEL INTERNO

| | | |
|--|--|--------------------------------|
| OFFENDER NAME (PRINT) / NOMBRE DEL INTERNO (LETRA DE MOLDE) Jonathan E Parks | | |
| DOC NUMBER / NÚMERO DOC 799668 | FACILITY / UNIT, CELL / FACILITY IS INSTALACIÓN / UNIDAD, CELDA 603P EL 122-V | DATE / FECHA 8/15/17 |
| DESIRE INTERVIEW WITH OR ANSWER FROM / DESER ENTREVISTA CON O RESPUESTA DE Grievance Coordinator | | |

REASON / QUESTION
RAZÓN / PREGUNTA
☐ Interpreter needed for _____ (language).
☐ Necesito intérprete para _____ (idioma).

I am missing grievance responses concerning property, legal mail and Food from C.B.C. pursuant to grievance manual I contact you and request they forward I am requesting they forward response to me thank you

SIGNATURE / FIRMA

DAYS OFF / DÍAS LIBRES

RESPONSE
RESPUESTA

You have one (1) active level 2 complaint (#17635535) at C.B.C. All other grievances responses have been sent to your current facility - also verified.

RESPONDER / PERSONA QUE RESPONDE

DATE / FECHA

Distribution: WHITE/YELLOW-Responder, YELLOW-Return to Offender with Response, PINK-Offender keeps
 Distribución: BLANCA/AMARILLA-Persona que responde, AMARILLA-Devuelve al interno con respuesta,
 ROSA-Interno
 DOC 21-473 E/S (Rev. 05/23/13) DOC 390.585, DOC 450.500

14



LOG I.D. NUMBER

17635535

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial Grievance ☐ Emergency Grievance ☒ Appeal to Next Level ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|---------------------------|--------------------------|------------------------|-----------------------------|------------------------------------|--------------------------------------|
| Last Name <u>Parks</u> | First <u>Jonathan</u> | Middle <u>Eldon</u> | DOC Number <u>799668</u> | Facility/Office <u>WSP/CBCC</u> | Unit/Cell <u>South WSP/110615</u> |
|---------------------------|--------------------------|------------------------|-----------------------------|------------------------------------|--------------------------------------|

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

| | | | |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|

I WANT TO GRIEVE: This is a level III Appeal to the spider in the lunch tray that cause me to mis a meal and additionally hurt from shortage of food during the Broad recall. This is not resolved because I have not recieved compensation for the 3 days of injury. There is no prevention plan in place and the initial grievance was an emergency. I asked for another tray or apple or carrots etc. The lt needs to be able to issue out food in situations like this. The kitchen needs to be able to only buy half the food from C.I. and half from local vendors. The student bakery should bake half the food in prevention and a stock of food should be saved up somewhere. Also

SUGGESTED REMEDY: Officers should stop at every door to make sure offenders have mainline and not pass people up.

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

WSP

Date Received

8/21/17

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed.
- (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☒ Sent to CBCC (facility) on 8/25/17 (date).

EXPLANATION:

Please provide a response by ID #.

Daniel J. AIYEKU 8/22/17

Coordinator's Name (print)

Coordinator's Signature

Date



LOG I.D. NUMBER

17632969

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

OFFENDER COMPLAINT

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|---|--------------------------|------------------------|-----------------------------|------------------------------------|--------------------------------|
| Last Name Parks | First Jonathan | Middle Eldon | DOC Number 799668 | Facility/Office WSP/CBCC | Unit/Cell WBPIMUS615 |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: 17632969 This is a level III Appeal To receiving a spider in my sect. The initial complaint was filed as an emergency. Had I received a new tray right then we would not be here right now. I hurt for 3 days unintentionally. It felt like getting punched in the gut. Would you let someone punch you in the gut, I don't think so. I want to be adequately compensated and I plan that shows you want to do it again. Food services had plenty of extra food during this bread shortages why I didn't get an extra apple or bag of carrots to replace what was missing I don't know but I know that is a failure to respond with reasonable care. I don't deserve that, I feel like I was tricked into eating again just so you could hurt me like that. I had to rewrite this because I used the wrong Log ID # do to my recent move to IMU. I would like for IMU staff to check if people want to get a tray and **SUGGESTED REMEDY:** not pass them up. Food services not waste extra food, and not buy completely form C.I. only half the products that way if something else happens CBCC is prepared and all facilities are

Thank You

Mandatory Signature *[Signature]* Date **8/29/17**

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.
- ☒ Not accepted

Facility/Office

WSP

Date Received

8/31/17

☐ The complaint was resolved informally.☐ Additional information and/or rewriting needed. (See below.)

Return within 5 working days or by: _____.

☐ No rewrite received☒ Sent to **CBCC** (facility) on **8/31/17** (date).

EXPLANATION:

On page 20 of the Grievance Manual it states that you have 5 working days in which to submit an appeal. Level 2 response was completed on 8/16/17 and as such you have exceeded the 5-day time-frame. Appeal not accepted.

Coordinator's Name (print)

[Signature]

Coordinator's Signature

[Signature]

Date

9/6/17



LOG I.D. NUMBER

17632969

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|---|--------------------------|-------------------------|-----------------------------|------------------------------------|-----------------------------|
| Last Name Parks | First Jonathan | Middle Eldown | DOC Number 799668 | Facility/Office WSP/CBCC | Unit/Cell 1MUSG15 |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | CITY, STATE | | ZIP CODE | TELEPHONE |

COMPLAINT: 17632969 is within the time frame please check date it was forwarded from CBCC to Walla Walla I did not receive the correct Log # for the complaint until 8-29-17 However a response was sent on 8/25/17 in response to your hike I have a copy of I sent on 8/15/17 giving #17635535 as the I active complaint your response on 8/21/17 not even 5 bussing days from the 16th. So with this additional information allow me to sum up the just of my appeal. Receiving the spider in the sock was a danger, receiving a shortage of food caused injury, and not replacing the tray is negligent. This is deliberate indifference and failing to respond with reasonable care. By the level II response staff are aware to compensate with a new tray. My remedy I would like for I must staff to check instead of drive by if people want their meals not pass them up for trays to be issued when there is a discrepancy of discrepancy Food Services not waste extra food and buy half the inventory from some place other then C. I and for mail failing to respond. Additionally I sent two complaint without Log # and they came back in house not to only be passed out on Fridays so it doesnt appear as if offenders are suggested remedy: 8/22/17 Thank/you I am sure the coordinator has copied for name is J. AIYKU

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.
☒ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Not accepted for same reason previously cited. You do have the option of addressing your concerns directly to the Grievance Program Manager at Doc HQ.

Coordinator's Name (print)

Coordinator's Signature

Date

AC John Doe, AC Jane Doe all named are from CBCC

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

On 5-19-17 CUS K. McHenry handed me a notice stating that there is a bread recall. The notice came from Washington Department of Corrections headquarters in Olympia. Signed by Bernard Warner however, Jody Becker-Green was the acting Secretary at that time and is responsible for the overall operation of the Department and each institution.

On 5-19-17 John Doe served me a plastic bag with One bun One peanut butter pack, One jelly and one bag of chips. The bag contained a spider.

I caught the spider and placed it between two pieces of tape. Showed all the officers and Sgt and CUS the spider. I requested a new sack. Clallam Bay staff failed to respond with reasonable care.

I filed an emergency grievance along with a regular grievance to receive compensation for a new sack and compensation for bread products.

I was experiencing dehydration and stomach pain for a long period of time. I just started back eating after a hunger strike for 3 days. The lack of food gave me more pain. I informed the officers and the CUS I was in pain and needed to eat something.

It was not a medical condition that caused the injury, but the lack of food intentionally given shorter amounts of food and not compensating for the missing food.

This felt like being punched in the stomach for 3 days 3 times a day. This actions are criminal and additionally to neglect is cruel and unusual punishment along with retaliation. So I did not file a tort I filed this to hopefully stop abuse and receive proper compensation.

Clallam Bay Correction had the ability to compensate but chose to retaliate instead.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

Retaliation

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

Complainant reporting should be free from any retaliation however because I file complaints I have been subjected to denied showers, and proper clothing denied proper food, legal papers intercepted missing are stolen prevented from attending the law library and prevent from buying hygiene materials.

I had to request a transfer because of antagonizing and abusive staff at Clallam Bay.

I suffer from anxiety attacks officers provoked attacks to avoid grievance and manipulate the disciplinary system. the hearing officer wrote that I could not use the law library or make legal phone calls as part of a sanction.

It has continued to the point of "campaign of harassment" My legal mail is being tampered with and my legal property was not shipped despite the legal property suppose to be packed and shipped first.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

LOG I.D. NUMBER/NUM. DE REGISTRO

17635535


LEVEL I - INITIAL GRIEVANCE
NIVEL 1 - QUEJA INICIAL

| | | | | | | |
|------------------|------------------|-------------------------|----------------------|--------------------------|------------------------------|---------------------------|
| Name: NOMBRE: | Last APELLIDO | First PRIMERO NOMBRE | Middle 2DO NOMBRE | DOC Number NUMERO DOC | Facility/Office FACILIDAD | Unit/Cell UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | EG10L |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 07/07/17

Date Due 7/20/17

I WANT TO GRIEVE / QUIERO QUEJARME DE: On 6/28/17 I received legal mail from the Disability Rights Washington. Washington Protection and advocacy system 315 5th Avenue South Suite 850 Seattle, WA 98104 with my name and current address marked in bold red capital letters are the words "LEGAL MAIL CONFIDENTIAL" I checked the letter to see what was enclosed and information about Dary Perker a lawyer who sued Clallam Bay Corrections was not in the envelope despite being one of the pages listed as a document sent. I filed an emergency grievance 17635535. I showed Sgt. Summerstead the letter. He insisted that the envelope been in his offices since 3:00pm. The letter was sent first class on the 22nd so it got here on the 26th and was not given to me until the 28th. Mail tampering is a federal offense even if you are a correctional officer. This delays my current legal action having to take time causes an interference and is done intentionally.

SUGGESTED REMEDY / REMEDIO SUGERIDO: I wish compensation for damages.

s/s M. Holthe CS2

07/06/17

s/s Jonathan Parks

07/04/17

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

FECHA

PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

In response to your complaint I consulted with Mail Room staff and reviewed DOC 450.100 Mail for Prison Offenders.

Information gathered during the investigation indicates that mail from the Disability Rights of Washington does meet the criteria of legal mail in accordance with DOC 450.100. It was further noted that if legal mail is opened in error that staff will place a notice inside the envelope which identifies the name of the staff member who opened the mail and the date the incident occurred. It appears that this procedure may not have followed for the mail in question.

Based on the information presented, it appears that the mail in question did meet the criteria of legal mail as outlined in DOC 450.100 and as such the mail should not have been opened without you being present. Please know that the proper procedure for processing legal mail will be addressed with the responsible staff member. Thank you for bringing this issue to my attention.

M. Holthe

7/27/17

Grievance Coordinator Signature
COORDINADOR DE QUEJASDate
FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



2

LOG I.D. NUMBER

17635535

**APPEAL TO LEVEL II
APELACIÓN AL 2DO NIVEL**

| | | | | | | |
|------------------|------------------|-------------------------|----------------------|--------------------------|---------------------------|---------------------------|
| Name: NOMBRE: | Last APELLIDO | First PRIMERO NOMBRE | Middle 2DO NOMBRE | DOC Number NUMERO DOC | Facility/FACILIDAD Office | Unit/Cell UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | WSP FW12222 |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 8/15/17

Date Due 9/12/17

I WANT TO APPEAL:

17635535, That is a false statement written into the policy clearly state that The Disability Rights of Washington is a place where legal mail come and was properly marked. Staff did not place a note, but removed Dryrel (sp?) Parkers information, who sued the Department of Corrections. That's why his name was removed I appeal a level on response already this should be at level 3. This was done in retaliation and I still don't have the information I was given nor can I get back the time I spent or spending having to go through this. The grievance wasn't given to me until I got to WCC and was leaving on the chain. You wrote a response on the 27th intending on purposeful delay. This is retaliation occupational commordray (sp?) deliberate Interference.

SUGGESTED REMEDY:

s/s M. Holthe, CS2

8/14/17

s/s Jonathan Parks

8/3/17

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL
 Superintendent, Work Release Supervisor, Field Administrator Signature
 SUPERINTENDENTE

 Date
 FECHA

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.

21



3

LOG I.D. NUMBER

17635337

**APPEAL TO LEVEL II
APELACIÓN AL 2DO NIVEL**

| | | | | | | |
|------------------|------------------|-------------------------|----------------------|--------------------------|---------------------------|---------------------------|
| Name: NOMBRE: | Last APELLIDO | First PRIMERO NOMBRE | Middle 2DO NOMBRE | DOC Number NUMERO DOC | Facility/FACILIDAD Office | Unit/Cell UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | EG10L |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 7/17/17

Date Due 8/14/17

I WANT TO APPEAL: 17635337 The statement that these items can't be verified is incorrect. I received these items in the mail and kept a receipt of purchase not only of the magazines and the photographs once issued offenders are to write the name & DOC number on the photos I had my name and # on the back and on the cover. It is clear that the officers failed to respond with reasonable care by neglecting to completely check the cell for all my property staff have yet tried to look through offender's property who was also in the cell at the time. The neglect has caused me loss of personal property creating mental anguish depression and fear of having a cell mate. It implies the cell mate can have whatever he wants of yours if you go to the hole we're not going to check. I wish to be compensated for this neglect.

SUGGESTED REMEDY: \$1000 Thank you

s/s M. Holthe, CS2

7/17/17

s/s Jonathan Parks

07/16/17

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL

This complaint was investigated by V. Adamire, Correctional Unit Supervisor (CUS). During the investigation he reviewed initial complaint and responsive documents, and interviewed offender Carter and you.

Information gathered during the investigation indicates that a cell search was conducted and at such time ten (10) photographs and a magazines were found and confiscated. It was further noted that items had been altered by placing another offender's DOC number on them. For this reason the items could not be re-issued to you as explained by CUS, Adamire when interviewed. Upon receipt of such information you stated that you would sign a DOC 21-139 Property Disposition form to dispose of the items confiscated. You also stated that you consider this issue resolved.

Based on the information presented, it appears that your complaint has merit however because the items noted above were altered they could not be re-issued to you. By your admission this issue has been resolved and as such no further actions are deemed warranted. Thank you for bringing this matter to my attention.

Superintendent, Work Release Supervisor, Field Administrator Signature
SUPERINTENDENTE

8/9/17
Date
FECHA

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|--|--------------------------|-------------------------|------------------------------|-----------------------------------|-----------------------------|
| Last Name Parks | First Jonathan | Middle Eldawn | DOC Number 1799668 | Facility/Office WSP/CBC | Unit/Cell FW122-U |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: 17635535 I am rewriting this to fix spelling. The statement you made in your level one response is false or proxy. The policy for legal mail clearly states Disability Rights of Washington in the policy. Staff are not to open that mail without me present. It was whoever intention that I do not get a hold of Darryl Parker. His information has yet to be given to me. What was remove was not given to me. This is retaliation occupational commorodray.

SUGGESTED REMEDY: deliberate interference with legal proceeding

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date

23



5

LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|--|--------------------------|-------------------------|------------------------------|------------------------------------|----------------------------|
| Last Name <i>Parks</i> | First <i>Jonathan</i> | Middle <i>Eldawn</i> | DOC Number <i>7996608</i> | Facility/Office <i>WSP/CBCC</i> | Unit/Cell <i>FW1220</i> |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: 17632969 Is not resolved intially this was filed as an emergency in order to recieve a new tray during a crisis shortage of food. By your own admission meals will be replaced on the date incident occurs you failed to follow this causing me a contenas pain for a period of 3 days. It wasn't until I recieved the ramadon ~~sack~~ contain 3 meals that I was okay you had no intention of help you blamed Airway Heights when I say you I mean CBCC et al. Yes this has caosed a long term effect mentally. If someone punches you in the stomach and you hurt for a few days are you going to just drop it and say oh well. Something needs to be in place so this wont happen agian. I think IMU should make sure everyone recieved a tray that wants one instead of passing people by. Emergency food supply at every facility only half money spent on C.I. and I recieve compensat ion for my injury. That the Lt has the ability to issue out extra carrot, apples

SUGGESTED REMEDY: or replace meals when an emergency happens. This was totally ~~un~~ Thank you ~~uncalled for.~~

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.
- ☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.)
- Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date

24



LOG I.D. NUMBER

17640366

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|--|--------------------------|-------------------------|-----------------------------|------------------------------------|-----------------------------|
| Last Name Parks | First Jonathan | Middle Eldown | DOC Number 799668 | Facility/Office WSP/CBCC | Unit/Cell 1MUSG15 |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: Failure to transfer legal personal property pursuant to DOC policy. CBCC failed to respond with reasonable care. Legal property is to be packed and shipped first. While being housed in CBCC 1MU F-unit Property Officer Simonson brought me legal work on several occasions because he couldn't find the correct file. These manila envelopes contained grievances, legal documents, ~~papers~~ papers, legal mail and Classification review dating back to 2010. These envelopes did not ~~arrive~~ arrive with the 2 boxes shipped. Therefore violating DOC policy and interfering with legal proceeding. Also removed was the spider marked legal spider between the legal mail. Property room responded via kite on 8-23 and 22 however I did not receive those kites until 9-17. I would like my legal work or hold CBCC DOC responsible for declaratory and compensatory damages.

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.
☐ Not accepted

Facility/Office

Date Received

☐ The complaint was resolved informally.☒ Additional information and/or rewriting needed. (See below.)Return within 5 working days or by: 9/21/17☐ No rewrite received☒ Sent to CBCC (facility) on 9/13 (date).

EXPLANATION:

Your complaint addresses 3 issues: 1. That your property was not sent first. 2. Legal envelopes not included in the 2 boxes received, and 3. Something about a kite response. These issues need to be addressed on separate complaint forms or limit complaint to one (1) issue.

Coordinator's Name (print)

Coordinator's Signature

Date

2



LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial Grievance ☐ Emergency Grievance ☒ Appeal to Next Level ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|--|--------------------------|------------------------|-----------------------------|-----------------------------------|---|
| Last Name <i>Parks</i> | First <i>Jonathan</i> | Middle <i>Eldon</i> | DOC Number <i>799668</i> | Facility/Office <i>WSP/CBC</i> | Unit/Cell <i>100^{South} G15</i> |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

I WANT TO GRIEVE: This is a level III appeal concerning the legal Mail violation. This is not resolved because I did not receive the sentence removed. In prevention of me upturning the legal information needed in order to proceed with the legal work that I am doing this was done in retaliation a direct attack against me and Darreyl Parker. The mail should be delivered completely by the post office workers not DOC officers who look threw your mail and be secelective about what you can what they want you to have this has farther delayed my legal work.

SUGGESTED REMEDY:

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

*WSP**8/21/17*

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed.
 (See below.) Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Please provide a grievance log ID #.
J. AIYERU
8/22/17

Coordinator's Name (print)

Coordinator's Signature

Date



LOG I.D. NUMBER

17640366

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☐ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|---|--------------------------|-------------------------|-----------------------------|------------------------------------|------------------------------|
| Last Name Parks | First Jonathan | Middle Eldown | DOC Number 799668 | Facility/Office WSP/CBCC | Unit/Cell IMUS G15 |
| COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. | | | | | |
| MAILING ADDRESS: STREET OR P.O. BOX | | | CITY, STATE | ZIP CODE | TELEPHONE |

COMPLAINT: Clarification for offender complaint 17640366. My personal property was shipped without my legal property from IMU. Upon information and belief Property Officer Simonson did pack my legal work inside my hobby box. I have not gotten my hobby box and the property room here only states that I have beads and all my personal property including legal mail was given to me on the 8th of August. So here I am a month later and do not have my legal mail and documents. My assumption now is that it wasn't shipped. So since legal mail and documents are to be shipped first and wasn't. I don't want to pay for it please send it to me. If CBCC already sent it Then WSP lost it and I want all new copies since they **SUGGESTED REMEDY:** are legal documents I can public disclose but I want whoever is responsible to fit the bill if lost they might not even be lost I just can't get a straight answer I hope I clarified.

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☒ The formal grievance/appeal paperwork is being prepared.
☐ Not accepted

Facility/Office

Date Received

WSP

9-26-17

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)

Return within 5 working days or by: _____

- ☐ No rewrite received _____
☒ Sent to CBCC (facility) on 9-26 (date).

EXPLANATION:

Accepted, Level 1

Coordinator's Name (print)

Coordinator's Signature

Date

2



LOG I.D. NUMBER
17635535

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

| | | | | | |
|---------------------------|--------------------------|------------------------|-----------------------------|-----------------------------------|-----------------------------|
| Last Name <u>Parks</u> | First <u>Jonathan</u> | Middle <u>Eldon</u> | DOC Number <u>799168</u> | Facility/Office <u>WSP/CBC</u> | Unit/Cell <u>FL122-U</u> |
|---------------------------|--------------------------|------------------------|-----------------------------|-----------------------------------|-----------------------------|

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

| | | | |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|

COMPLAINT: 17635535. That is a false statement written into the policy clearly states that The Disability Rights of Washington is a place where legal mail come and it was properly marked. Staff did not place a note, but removed ~~Parks~~ Dayrel Barbers information, who sued the Department of Corrections. That's why his name was removed I appealed a level one response already. This should be at level 3. This was done in retaliation and I still don't have the information I was given nor can I get back the time I spent or spending having to go through this. The grievance wasn't given to me until I got

SUGGESTED REMEDY: to WCC and was leaving on the chain. I wrote a response on the 27th Intending a response from Vay. This is retaliation occupational commoradry. debatite interference

| | | |
|---|---|--------------------------------|
| GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout (sheet) on _____ <input type="checkbox"/> Administratively Withdrawn _____ <input checked="" type="checkbox"/> The formal grievance/appeal paperwork is being prepared. | Facility/Office <u>WSP</u> | Date Received <u>8/8/17</u> |
| | <input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____ <input type="checkbox"/> No rewrite received <input checked="" type="checkbox"/> Sent to <u>CBC</u> (facility) on <u>8/8/17</u> (date) <u>8/10/17</u> | |

EXPLANATION: Accepted, Level 2

| | | |
|--|---|------------------------|
| Coordinator's Name (print) <u>McNelly</u> | Coordinator's Signature <u>McNelly</u> | Date <u>8/14/17</u> |
|--|---|------------------------|

28

16

LOG I.D. NUMBER/NUM. DE REGISTRO

17640366


LEVEL I - INITIAL GRIEVANCE
NIVEL 1 - QUEJA INICIAL

| | | | | | | |
|------------------|------------------|-------------------------|----------------------|--------------------------|------------------------------|---------------------------|
| Name: NOMBRE: | Last APELLIDO | First PRIMERO NOMBRE | Middle 2DO NOMBRE | DOC Number NUMERO DOC | Facility/Office FACILIDAD | Unit/Cell UNIDAD/CELDA |
| | Parks | Jonathan | E | 799668 | CBCC | WSP-IMU MSG15 |

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 10/10/17

Date Due 10/20/17

I WANT TO GRIEVE / QUIERO QUEJARME DE:

Clarification for Offender complaint 17640366. My personal property was shipped without my legal property from IMU. Upon information and belief Property Officer Simonson did pack my legal work inside my hobby box. I have not gotten my hobby box and the property room here only states that I have beads and all my personal property including legal mail was given to me on the 8th of August. So here I am a month later and do not have my legal mail and documents. My assumption now is that it wasn't shipped. So since legal mail and documents are to be shipped first and wasn't. I don't want to pay for it please send it to me. If CBCC already sent it then WSP lost it and I want all new copies since they are legal documents. I can Public Disclosure but I want whoever is responsible to fit the bill if lost. They might even be lost they might not even be lost I just can't get a straight answer. I hope I clarified.

SUGGESTED REMEDY / REMEDIO SUGERIDO:

| | | | |
|---------------------------------|---------|--------------------|---------|
| s/s M. Holthe, CS2 | 10/6/17 | s/s Jonathan Parks | 9/19/17 |
| Grievance Coordinator Signature | Date | Grievant Signature | Date |
| FIRMA DE COORDINADOR DE QUEJAS | FECHA | FIRMA DE QUEJANTE | FECHA |

PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

M. Holthe

Grievance Coordinator Signature
COORDINADOR DE QUEJASDate
FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.

29

Myself and all offenders should be compensated that were housed in IMU at CBCC during the time of food shortage May 19 - May 22nd at 100.00 a day I should be compensated \$100,000 For May 19 and 10,000 a day for pain and suffering from May 19-22nd. The officer retaliation 500,000 preventing access to the courts 500,000 preventing contacting attorney 500,000 Misuse of the disciplinary proceeding. All offenders housed in IMU should be able to buy food all facilities should buy food from more than one vendor. I demand a jury. These are punitive and decalitory damages

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of October 2017.



(Signature of Plaintiff)